PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

14, 325.2

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			10			•				חטת ד		
			17	·				RATE	FEE	┨.	RATE	FEE
FOR			NUMBER FILED		IUMBER EXTRA		-	BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			/ 9 mir	•			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS							X43=		OR	X86=		
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=	, , , , ,	OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2						L	TOTAL		OR	TOTAL	720	
CLAIMS AS AMENDED - PART II											OTHER	THAN
		(Column 1)	(Column 2) (Column 3)			٠.	SMALL !	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		SENT TRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	##	=			X\$ 9=	,	OR	X\$18=	
	Independent	*	Minus	***	=			X43=		OR	X86=	
<u> </u>	FIRST PRESE	ENTATION OF MI	JLIIPLE DEF	PENDENT CLA	111/1		ſ	+145=		OR	+290=	
				•			L	TOTAL		OR	TOTAL ADDIT, FEE	-
		(Column 1)		(Column 2)	(Colu	ımn 3)	Ą	DDIT. FEE	 	•	ADDII. FEEL	
_		CLAIMS		HIGHEST			Г	I	ADDI-	1 1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR		SENT TRA	L	RATE	TIONAL		RATE	TIONAL
NDN	Total	*	Minus	**	=	· .		X\$ 9=		OR	X\$18=	• .`
ME	Independent	* •	Minus	*** .	=		T	X43=		OR	X86=	
٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Un		
								+145=		OR	+290=	
		٠					Al	TOTAL DDIT, FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Colu	mn 3)			• • •			· · ·
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		SENT TRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=		Γ	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	=		十	X43=			X86=	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							74102		OR	700-	
	i the enter in action						L	+145=	· .	OR	+290=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."							TOTAL DIT. FEE		OR ,	TOTAL ODIT. FEE	
· 1	t the "Highest Nur The "Highest Nurn	mber Previously Pa ber Previously Paid	id For IN THIS I For (Total or	S SPACE is less (Independent) is (than 3, ent the highes	er *3.* t number f			opriate box			